

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization <u>Mckinney 2000</u>		Employer identification number <u>06-158-9577</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>167 Knapps Highway</u>		<u>06-1589577</u>
City or town, state, and ZIP code <u>Fairfield, CT 06432</u>		
3 E-mail address of organization <u>none</u>		
4a Name of custodian of records <u>John W. Shannon</u>	4b Custodian's address <u>167 Knapps Hwy</u> <u>Fairfield, CT 06432</u>	
5a Name of contact person <u>John W. Shannon</u>	5b Contact person's address <u>same as above</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <u>same</u>		
City or town, state, and ZIP code <u>same</u>		

Part II Purpose

7 Describe the purpose of the organization

state of Connecticut candidate committee

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<u>None</u>		



Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

7/31/00
Date



Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **06-158-9577**

OMB No. 1545-0003

► **Keep a copy for your records.**

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) McKinney 2000	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name John W. Shannon
	4a Mailing address (street address) (room, apt., or suite no.) 167 Knapps Hwy.	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code FHd. CT 06432	5b City, state, and ZIP code
	6 County and state where principal business is located Fairfield County, CT 06432	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► John W. Shannon 041-62-3993	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter EIN if applicable) |
| <input checked="" type="checkbox"/> Other (specify) ► political Committee | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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- 9** Reason for applying (Check only one box.) (see instructions)
- | | |
|---|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ► | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Purchased going business |
| | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► 527 political |

10 Date business started or acquired (month, day, year) (see instructions)
1/7/00

11 Closing month of accounting year (see instructions)
12/2000

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ► **political activity**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
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17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (203) 368-6496
Fax telephone number (include area code) ()

Name and title (Please type or print clearly.) ► **John W. Shannon**

Signature ► **John W. Shannon** Date ► **7/31/00**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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